

JUN 14 2006

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Deliver to: Portka, Gary, USPTO

Art Group: 2188

Facsimile No.: (571) 273-8300

Date: June 14, 2006

From: Libby H. Hope, Reg. No. 46,774

Our Docket No.: 42P10449XC

Number of pages 23 including this sheet.

Application No.: 10/829,312

Filing Date: 4/20/2004

Docket Due Date(s): 6/17/2006

Enclosed are the following documents:

<input checked="" type="checkbox"/> Amendment: <u>Response</u> (<u>10</u> pgs)	<input type="checkbox"/> Issue Fee Transmittal
<input type="checkbox"/> Appeal Brief (____ pgs)	<input type="checkbox"/> Notice of Appeal
<input type="checkbox"/> Application: _____ (____ pgs) w/cover & abstract)	<input type="checkbox"/> Petition for: _____
<input type="checkbox"/> Assignment & Cover Sheet (- ... pgs)	<input type="checkbox"/> Request for Continued Examination (RCE)
<input checked="" type="checkbox"/> Certificate of <u>Facsimile</u>	<input type="checkbox"/> Reply Brief (____ pgs)
<input type="checkbox"/> Continued Prosecution Application (CPA)	<input type="checkbox"/> Request & Certification Under 35 USC 122(b)(2)(B)(i)
<input checked="" type="checkbox"/> Declaration ¹⁻¹³² CPA (<u>5</u> pgs)	<input type="checkbox"/> Request to Rescind Previous Nonpublication Request
<input type="checkbox"/> Drawings: ____ sheets, ____ figures	<input type="checkbox"/> Response to Notice of Missing Parts & Formalities Letter
<input checked="" type="checkbox"/> Extension of Time: <u>two (2) months</u>	<input type="checkbox"/> Response to Written Opinion (____ pgs)
<input checked="" type="checkbox"/> Fee Transmittal (In duplicate)	<input checked="" type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> IDS & PTO/SB/08 (pgs)	<input type="checkbox"/> Transmittal of Publication Fee Due
<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Transmittal Letter

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Libby H. Hope
Libby H. Hope

6/14/2006

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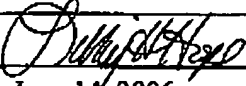
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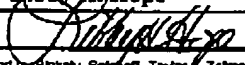
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application No.	10/829,312
		Filing Date	April 20, 2004
		First Named Inventor	Michael Ripley
		Art Unit	2188
		Examiner Name	Portka, Gary
Total Number of Pages in This Submission	23	Attorney Docket Number	42P10449XC

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<div style="border: 1px solid black; padding: 5px;">Certificate of Facsimile; and Signed Declaration Pursuant to 37 CFR 1.132.</div>
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> PTO/SB/08	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
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<input type="checkbox"/> Declaration/POA		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Libby H. Hope, Reg. No. 46,774 INTEL CORPORATION
Signature	
Date	June 14, 2006

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Signature		Date	June 14, 2006

Based on PTO/SB/21 (09-04) as modified by Ripley, Solovoff, Taylor & Zalman (v4) 11/09/2005.
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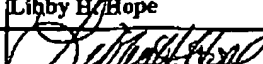
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FEE TRANSMITTAL for FY 2005		<i>Complete if Known</i>	
<small>Patent fees are subject to annual revision.</small>		Application Number	10/829,312
		Filing Date	April 20, 2004
		First Named Inventor	Michael Ripley
		Examiner Name	Portka, Gary
		Art Unit	2188
		Attorney Docket No.	42P10449XC
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
TOTAL AMOUNT OF PAYMENT	(\$)	970.00	

METHOD OF PAYMENT (check all that apply)	
Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-0221 Deposit Account Name: INTEL CORPORATION	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) <input checked="" type="checkbox"/> Credit any overpayments	
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.	

FEE CALCULATION																																																																																													
1. EXTRA CLAIM FEES																																																																																													
Total Claims	13	20 ⁺	0	x	50.00	=	\$0.00																																																																																						
Independent Claims	3	4 ⁺	0	x	200.00	=	\$0.00																																																																																						
Multiple Dependent				x		=																																																																																							
<table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>50</td> <td>2202</td> <td>25</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>200</td> <td>2201</td> <td>100</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>350</td> <td>2203</td> <td>180</td> <td>Multiple Dependent claim, if not paid</td> </tr> <tr> <td>1204</td> <td>750</td> <td>2204</td> <td>350</td> <td>Residue independent claims over original patent</td> </tr> <tr> <td>1206</td> <td>300</td> <td>2206</td> <td>150</td> <td>Residue claims in excess of 20 and over original patent</td> </tr> </tbody> </table>		Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	1202	50	2202	25	Claims in excess of 20	1201	200	2201	100	Independent claims in excess of 3	1203	350	2203	180	Multiple Dependent claim, if not paid	1204	750	2204	350	Residue independent claims over original patent	1206	300	2206	150	Residue claims in excess of 20 and over original patent	SUBTOTAL (*) (\$) 0.00																																																													
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SUBMITTED BY		<i>Complete (if applicable)</i>	
Name (Print/Type)	Libby H. Hope	Registration No. (Attorney/Agent)	46,774
Signature		Telephone	(949) 498-0601
		Date	06/14/06

Based on FTD/38/17 (12-04) as modified by Bepko, Sokoloff, Taylor & Zisman (wlr) 12/15/2004.
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